

## Bioterrorism Infection Control Precautions

### Standard Precautions

- Wash hands before and after patient contact.
- Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items.
- Wear protective gown, mask, and eye protection (or face shield) during procedures likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Handle used patient-care equipment and linen in a manner that prevents the transfer of microorganisms to people or equipment.
- Use care when handling sharps and place used disposable sharps in a sharps container.
- Use a mouthpiece or other ventilation device when giving mouth-to-mouth resuscitation, when practical.
- Standard precautions are required for the care of ALL patients.

#### Bioterrorism-related Diseases for which standard precautions are adequate:

Inhalational anthrax, botulism, tularemia, bubonic plague.

### Droplet Precautions

Use all standard precautions plus:

- Place patient in a private room or cohort them with someone with the same infection, if possible. If not feasible, then maintain distance of at least 3 feet between patients.
- Wear a mask when working within 3 feet of patient.
- Limit movement and transport of patient. Place a mask on patient if they need to be moved.

#### Conventional Diseases requiring Droplet Precautions:

Invasive *Haemophilus influenzae* and meningococcal disease, diphtheria, pertussis, mycoplasma, influenza, mumps, rubella, and parvovirus.

#### Bioterrorism-Related Diseases Requiring Droplet Precautions: Pneumonic plague.

## **Contact Precautions**

Use all standard precautions plus:

- Place patient in a private room or cohort them with someone with the same infection, if possible.
- Wear gloves and protective gown when entering room, and change gloves and/or gown after contact with infectious material.
- Limit the movement or transport of patient from the room.
- Ensure that patient care items, bedside equipment, and frequently touched surfaces receive daily cleaning.
- Dedicate use of non-critical patient-care equipment (e.g., stethoscope) to a single patient, or cohort of patients with the same pathogen. If not feasible, adequate disinfection of equipment between patients is necessary.

### Conventional Diseases Requiring Contact Precautions:

VRE, *Clostridium difficile*, RSV, parainfluenza, and enterovirus.

### Bioterrorism-Related Diseases Requiring Contact Precautions:

Viral Hemorrhagic Fevers, smallpox, and cutaneous anthrax.

Viral Hemorrhagic Fevers and smallpox also require *airborne* precautions.

## **Airborne Precautions**

Use all standard precautions plus:

- Place the patient in a private room that has monitored negative air pressure (i.e., a minimum of six air changes/hour) with appropriate filtration of air before discharge from room.
- Wear respiratory protection when entering the room. For measles and varicella, this means that the healthcare worker should wear a surgical mask unless they are known to be immune. For all other diseases requiring airborne precautions (such as infectious pulmonary tuberculosis), surgical masks do not give healthcare workers adequate protection. Instead, respiratory protective devices such as appropriately fit-tested N95 respirators are required.
- Limit movement and transport of the patient. Place a surgical mask on the patient if they need to be moved.

### Conventional Diseases Requiring Airborne Precautions:

Measles, varicella, pulmonary Tuberculosis.

### Bioterrorism-Related Diseases Requiring Airborne Precautions:

Smallpox (variola) and Viral Hemorrhagic Fevers

Smallpox and Viral Hemorrhagic Fevers also require *strict contact* precautions.

For more information call (602) 364-3289